

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., Director

Weekly Bulletin



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EDITOR

Help for Five Hundred Crippled Children

During a period of seven months, from September 1, 1936, to March 31, 1937, five hundred and two patients were examined in nine diagnostic clinics held in eight California counties under provisions of the Crippled Children's Program administered by the California State Department of Public Health. Counties in which the State Department of Public Health held diagnostic clinics for crippled children with certified orthopedic surgeons as clinicians during this period are Glenn, Yuba, Sutter, Butte, Sonoma, Solano, Contra Costa, and Colusa. Two clinics were held in one county—Butte.

Adequate records were made and kept of every child admitted to clinic. These records consisted of identifying information which enabled the physician to obtain some understanding of the family situation. Information regarding the past medical history and previous medical treatment was obtained. Clinical findings and recommendations for care were recorded. All records are on file at the office of the Crippled Children's Bureau. Two copies of records are kept at the office of the Crippled Children's Bureau. Copies are sent to the local public health nurse responsible for the care of the individual patient and the examining orthopedic surgeon. If hospitalization is recommended, such authorization is approved of by the Chairman of the Professional Advisory Committee and Director of the Department of Public Health and sent to the local public health nurse, the orthopedic surgeon, and the accountant for the Social Security Act.

As the program has developed, photographs of children have been included in the records. The department plans to have on file photographs of all

physical defects found in children examined during these clinics. These will be supplemented by photographs taken following surgical treatment and illustrate corrections accomplished through orthopedic and plastic surgery. The use of motion pictures has been inaugurated during the last two clinics and is to be continued for all crippling defects that can be demonstrated through this medium.

With only one exception, a representative from the Bureau of Vocational Rehabilitation attended the diagnostic clinics. At each clinic he interviewed patients referred to him and gave consultation service for patients under sixteen years of age, the age at which this bureau will accept patients for training. Not only was the clinical record of the patient available to him, but very often he discussed the patient's physical condition in terms of vocational adjustment with the orthopedic surgeon.

The source material for this discussion is based on information obtained from the patients' records. However, statistical information regarding the diagnostic clinics is limited by the fact that it does not include all patients who sought the services provided. In the majority of the clinics held, a considerable number were not examined because conditions for which they requested care were outside the scope of the clinic. It was likewise not feasible, for the purpose of this discussion, to present a tabulation of diagnoses. Despite this limitation, the discussion does present an interesting summary of facts related to the Crippled Children's Program in California.

A compilation of statistical material shows that the largest number of patients attending a single clinic was in Sutter County where eighty-one individuals

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were examined. The smallest number examined was in Yuba County where thirty-three were examined. The average attendance during these diagnostic clinics was fifty-six.

Although the general population of the county is not strictly comparable with clinic attendance because of the factor of age in the general population, it is interesting to note that when such proportions are derived, the counties with the smaller population between ten thousand and fifteen thousand, that is, Glenn, Yuba, Sutter, and Colusa, had a larger percentage of their population at clinic. In this same manner, the larger counties had a smaller percentage at clinic. In the case of Contra Costa County this may be due to its proximity to San Francisco. The question of clinic organization and epidemiological factors in each individual county must be considered, but it is reasonable to presume that the need for clinic services provided was greater in the smaller rural counties.

Following the medical examination, the surgeon spent considerable time with the parents, or the patient if an adult, in explaining clinical findings and recommendations for care. Thus, not only were the services of orthopedic specialists made available to patients far removed from the larger urban centers, but their recommendations were interpreted and understood by the family before leaving the clinic.

A study of the five hundred and two patients examined shows that they are almost evenly divided as to sex, forty-eight per cent being females and fifty-two per cent males.

Table I shows the number and per cent of the children examined in the eight counties according to age groupings.

TABLE I
Number and Per Cent of Patients Examined in Nine Diagnostic Clinics Held in Eight California Counties Classed by Age Groups

Age group	Number of children	Per cent
All ages -----	502	100.0
Under 2 -----	9	1.8
2 to 3-----	19	3.8
4 to 5-----	28	5.6
6 to 7-----	50	9.9
8 to 9-----	67	13.3
10 to 11-----	59	11.8
12 to 13-----	77	15.4
14 to 15-----	88	17.5
16 to 17-----	64	12.6
18 to 19-----	29	5.8
20 and over-----	12	2.3

When these patients are classified by age groups as shown in Table I, the largest single number of eighty-eight are found in the adolescent period of fourteen to fifteen years. This represents seventeen and five-tenths per cent of the total number examined. The largest concentration of patients, nearly seventy-one per cent of the total number examined, was from eight to seventeen years. This might indicate that patients requiring care were more easily located when the patients were attending school or that the disease con-

ditions occurred more frequently during these ages. Eleven and two-tenths per cent of the total patients were under six years of age, half of them being under four years of age. Almost as many, or eight and one-tenth per cent, of the total patients were eighteen years or over. This might suggest that these disease conditions had existed over a period of years or that children who had previously been surgically treated were reporting back for further orthopedic supervision. The latter was true for children who have previously been cared for under the California Crippled Children's Act which has been in operation since 1927.

General causative factors related to the present physical condition of the patient were recorded. A tabulation of these data is shown in Table II.

TABLE II
Number and Per Cent Distribution of Causative Factors Related to the Present Physical Condition of 502 Patients Examined in Nine Diagnostic Clinics

Causative factors	Number of causative factors	Per cent distribution
Accident -----	103	18.4
Congenital -----	313	55.9
Disease -----	144	25.7
Total -----	560	100.0

While five hundred and two patients were examined in diagnostic clinics, the total number of causative factors as shown in Table II is five hundred and sixty. This is influenced by the fact that in the cases of fifty-eight patients there was more than one defect. Likewise, in some instances, the causative factors were so closely interrelated that it was necessary to record several causes.

Table II shows that eighteen and four-tenths per cent of the causative factors involved were accidental and twenty-five and seven-tenths per cent disease. The largest number of disease conditions was due to poliomyelitis.

It is significant to note that over half of the causative factors recorded were due to congenital defects. This group includes not only orthopedic defects but cases of ophthalmological, neurological, and orthodonture origin. The large proportion of congenital defects would suggest that they had existed over a considerable length of time and the family had been unable to provide necessary medical care. Provision for the correction of congenital defects as well as other defects through the California Program for Crippled Children has been an effective means of ameliorating both physical and emotional disturbances. Experience has shown that the majority of children with physical defects continually combat an increasing sense of inadequacy, which reacts on not only the well-being of the individual but also that of his family. The correction meets a vital need in the life and full development of the patient.

Table III shows the recommendations and per cent of recommendations made by orthopedic surgeons examining five hundred and two patients during nine diagnostic clinics.

TABLE III

Classification of Recommendations Made by Orthopedic Surgeons Examining 502 Patients by Number and Per Cent*

<i>Orthopedic surgeons' recommendations</i>	<i>Number of recommendations</i>	<i>Per cent distribution</i>
Orthopedic	397	71.4
Oculist	70	12.6
Orthodontist	40	7.3
Other Specialist	48	8.7
Institution	1	---
Total	556	100.0

While five hundred and two children were examined, no recommendations were made for fifty or nearly ten per cent of the total children examined. This does not necessarily mean that no disease condition existed for this group, but that no further care was indicated at the time of the diagnostic clinic examination by the orthopedic surgeons. Five hundred and fifty-six recommendations were made for four hundred and fifty-two patients. Thus, for many patients there was more than one recommendation for medical care.

When these recommendations are classified according to the type of medical care required as shown in Table III, it is found that seventy-one and four-tenths per cent of the total recommendations were for orthopedic care. It is interesting to note that although the clinical services provided were those of orthopedic surgeons, over one-fourth of the total recommendations or twenty-eight and six-tenths per cent represented recommendations for nonorthopedic conditions. The largest number of these recommendations or twelve and six-tenths per cent were for the services of an ophthalmologist. Almost as many received recommendations of an orthodontic nature as required the services of other specialists.

Table IV shows the type of orthopedic recommendations which examining surgeons made for three hundred and ninety-seven children.

TABLE IV

Number and Per Cent of Orthopedic Recommendations Which Orthopedic Surgeons Made for 397 Patients

<i>Recommendations for orthopedic care</i>	<i>Number of recommendations</i>	<i>Per cent distribution</i>
Supervision	42	10.6
Surgery (Orthopedic and Plastic)	118	29.7
X-ray	29	7.3
Plaster Cast	13	3.3
Appliance	74	18.6
Exercise	69	17.4
Referral to Clinic	20	5.1
Referral to Private Physician	26	6.5
Referral to Hospital	6	1.5
Total	397	100.0

As shown in Table IV, almost one-third of the total orthopedic recommendations or twenty-nine and seven-tenths per cent was made for surgery which

* No recommendations were made in the cases of fifty children.

represents both orthopedic and plastic surgery. Ten per cent of the total recommendations was for continued orthopedic supervision. Almost as many recommendations were made for corrective exercises as for appliances. In the group for appliances are included corrective shoes.

Only thirteen and one-tenth per cent of the total children for whom orthopedic recommendations were made was referred back to the clinic, private physician, or hospital previously attended. Almost as many had been under the care of a private physician as of a clinic. These figures might indicate either that the majority of the children examined were not under medical supervision or that the service required was that in a specialized field.

Although the services of the orthopedic surgeons are made available through the Crippled Children's Program, its method of reaching those requiring these services is in a large measure dependent upon the cooperation extended by local health, educational and social agencies, the schools, service clubs, private philanthropic societies, and other community and State organizations who assist in case finding, service during the time the clinic is in progress, transportation of patients, lunches for patients, follow-up, and many other services which interested organizations are able to provide to the crippled patient in the local community.

The fact that recommendations were made for ninety per cent of the patients examined signifies not only the important contribution of the diagnostic clinic in meeting the needs of these patients in various California counties, but the necessity of following through the recommendations of the physician so that in the end medical care is not only conserved but made more truly effective.

In the final analysis, the end results of provisions made available through the Crippled Children's Program will be directly related to the whole-hearted and enthusiastic cooperation of related agencies, organizations, and individuals. Their interest and service may assist the crippled patient to achieve the best possible physical, mental, and vocational adjustment.

April 28, 1937.

VENTURA LABORATORY APPROVED

In a list of approved laboratories, published recently in the Weekly Bulletin, the name of the Ventura County laboratory, which is an approved laboratory, was omitted through inadvertence.

MORBIDITY

Complete Reports for Following Diseases for Week Ending May 1, 1937

Chickenpox

917 cases: Alameda County 6, Alameda 19, Berkeley 69, Oakland 36, Butte County 6, Chico 2, Oroville 2, Contra Costa County 2, El Cerrito 1, Pittsburg 4, Richmond 1, Fresno County 19, Fresno 10, Humboldt County 1, Eureka 1, Imperial County 5, Kern County 31, Bakersfield 7, Los Angeles County 44, Alhambra 5, Beverly Hills 2, Burbank 1, Compton 2, Culver City 8, El Segundo 1, Glendale 2, Hermosa 1, Huntington Park 6, Inglewood 1, Long Beach 47, Los Angeles 107, Monrovia 3, Montebello 1, Pasadena 23, Pomona 8, Santa Monica 9, Sierra Madre 1, South Pasadena 4, Torrance 2, South Gate 4, Maywood 3, Monterey County 6, Salinas 9, Soledad 1, Orange County

6, Anaheim 2, Fullerton 10, Orange 4, Santa Ana 1, Colfax 1, Roseville 11, Plumas County 1, Riverside County 7, Riverside 12, Sacramento County 22, Sacramento 21, San Bernardino County 1, Colton 1, Ontario 1, San Diego County 15, La Mesa 4, National City 5, Oceanside 2, San Diego 42, San Francisco 92, San Joaquin County 1, Lodi 1, Stockton 6, San Luis Obispo 1, Daly City 1, San Mateo 2, Santa Barbara County 16, Lompoc 1, Santa Barbara 9, Santa Maria 1, Santa Clara County 3, Palo Alto 8, San Jose 13, Santa Clara 6, Sunnyvale 1, Santa Cruz County 1, Vallejo 1, Sonoma County 25, Stanislaus County 10, Newman 1, Tulare County 7, Visalia 1, Ventura County 18, Yolo County 3, California 1.*

Diphtheria

26 cases: Fresno 1, Bakersfield 1, Los Angeles County 3, Los Angeles 13, Montebello 1, San Diego 1, San Francisco 3, Tulare County 1, Ventura County 1, Yuba County 1.

German Measles

37 cases: Alameda 1, Berkeley 5, Oakland 4, Pittsburgh 1, Humboldt County 1, Eureka 1, Los Angeles County 5, Compton 1, Long Beach 2, Los Angeles 4, Pasadena 1, Bell 1, Santa Ana 1, San Diego 5, San Francisco 2, Redwood City 1, Turlock 1.

Influenza

208 cases: Richmond 2, Kern County 3, Lassen County 1, Los Angeles County 6, Avalon 1, Long Beach 1, Los Angeles 9, Santa Monica 1, South Gate 1, Madera 2, Brea 3, Colfax 2, Roseville 175, San Francisco 1.

Malaria

2 cases: Compton 1, Laguna Beach 1.

Measles

287 cases: Berkeley 1, Oakland 3, San Leandro 3, Contra Costa County 1, Fresno 1, Eureka 1, Imperial County 11, El Centro 1, Kern County 8, Los Angeles County 5, Compton 1, Glendale 4, La Verne 1, Long Beach 34, Los Angeles 42, Santa Monica 1, Madera County 1, Napa County 1, Anaheim 7, Fullerton 2, Placer County 5, Auburn 4, Colfax 14, Lincoln 23, Roseville 2, Riverside County 2, Corona 3, Sacramento County 12, Sacramento 39, Chino 1, San Diego County 3, San Diego 5, San Francisco 3, San Joaquin County 3, San Luis Obispo County 4, Santa Barbara County 1, Sunnyvale 1, Sutter County 1, Tulare County 17, Winters 1, Marysville 14.

Mumps

792 cases: Alameda 3, Berkeley 25, Emeryville 1, Oakland 33, San Leandro 2, Butte County 2, Contra Costa County 1, El Cerrito 6, Pittsburgh 16, Richmond 6, Fresno County 21, Fresno 10, Parlier 2, Humboldt County 6, Arcata 2, Eureka 17, Imperial County 11, Inyo County 3, Bishop 14, Kern County 9, Hanford 14, Los Angeles County 78, Alhambra 8, Arcadia 1, Burbank 2, Compton 9, Glendale 3, Huntington Park 6, La Verne 1, Long Beach 3, Los Angeles 52, Manhattan 14, Pasadena 9, Pomona 2, Santa Monica 10, Whittier 1, South Gate 3, Monterey Park 3, Madera County 2, Madera 2, San Anselmo 4, Monterey County 9, Salinas 1, Napa 1, Orange County 24, Anaheim 2, Brea 4, Fullerton 5, Santa Ana 7, La Habra 2, Laguna Beach 1, Lincoln 1, Riverside County 3, Corona 1, Riverside 1, Sacramento County 3, Sacramento 4, Ontario 3, Redlands 1, San Bernardino 1, San Diego County 17, Chula Vista 3, La Mesa 1, National City 7, San Diego 83, San Francisco 115, San Joaquin County 5, Stockton 2, Daly City 3, San Mateo 1, Santa Barbara County 2, Lompoc 8, Santa Barbara 4, Santa Clara County 2, Palo Alto 4, San Jose 14, Sonoma County 1, Stanislaus County 1, Tulare County 4, Exeter 5, Ventura County 11, Santa Paula 5, Yolo County 1, Davis 1, California 1.*

Pneumonia (Lobar)

71 cases: Oakland 1, Butte County 1, Richmond 1, Eureka 2, Bakersfield 1, Los Angeles County 11, Avalon 1, Glendale 2, Long Beach 2, Los Angeles 29, Pasadena 1, Santa Monica 1, Whittier 1, Merced County 1, Anaheim 1, Colfax 1, Riverside County 1, Sacramento 2, San Bernardino County 1, San Francisco 5, San Luis Obispo 1, Santa Barbara County 1, Santa Barbara 1, Sonoma County 1, Tulare County 1.

Scarlet Fever

221 cases: Alameda County 1, Berkeley 5, Oakland 3, Butte County 5, Chico 5, Contra Costa County 2, El Cerrito 1, Martinez 6, Pittsburgh 2, Fresno County 6, Fresno 3, Sanger 1, Selma 1, Eureka 9, Kern County 10, Bakersfield 2, Lassen County 1, Los Angeles County 20, Beverly Hills 1, Burbank 1, Compton 4, Covina 1, Glendale 2, Hermosa 1, Inglewood 1, Long Beach 1, Los Angeles 29, Pasadena 1, Santa Monica 1, Whittier 1, South Gate 1, Gardena 1, San Rafael 2, Modoc County 2, Alturas 6, Monterey County 3, Monterey 1, Napa County 4, Orange County 2, Anaheim 1, Brea 1, Fullerton 1, Santa Ana 2, Placer County 1, Plumas County 1, Riverside County 1, Corona 1, Riverside 1, Sacramento County 1, Sacramento 3, San Bernardino County 1, Ontario 3, San Bernardino 1, San Diego County 4, National City 1, San Diego 1, San Francisco 15, Stockton 1, Paso Robles 4, San Mateo County 5, Lompoc 1, Santa Clara County 1, Palo Alto 1, San Jose 6, Santa Cruz 1, Dunsmuir 1, Stanislaus County 1, Modesto 1, Tulare County 4, Exeter 2, Tulare 1, Ventura County 1, Oxnard 1.

Smallpox

30 cases: Berkeley 1, Burbank 1, Los Angeles 9, Modoc County 4, Alturas 4, Monterey County 1, Riverside County 1,

Beaumont 5, San Diego County 1, San Jose 1, Siskiyou County 1, California 1.*

Typhoid Fever

7 cases: Los Angeles County 2, Los Angeles 1, Pasadena 1, Riverside County 1, San Francisco 1, Tulare County 1.

Whooping Cough

580 cases: Alameda County 5, Berkeley 7, Oakland 9, San Leandro 1, Butte County 15, Oroville 18, El Cerrito 3, Pittsburgh 1, Walnut Creek 2, Fresno County 22, Fresno 19, Kingsburg 1, Selma 4, Glenn County 12, Imperial County 4, Kern County 16, Bakersfield 1, Hanford 7, Lassen County 1, Los Angeles County 28, Alhambra 3, Burbank 4, Claremont 12, Compton 2, Culver City 6, El Monte 4, Glendale 5, Glendora 2, Huntington Park 4, Inglewood 1, Long Beach 2, Los Angeles 83, Monrovia 3, Pasadena 36, Pomona 6, Redondo 3, San Fernando 1, San Marino 1, Santa Monica 8, South Pasadena 1, Whittier 1, Monterey Park 1, Madera County 1, Madera 1, Merced County 3, Orange County 4, Anaheim 2, Fullerton 6, Newport 1, Orange 1, Santa Ana 3, La Habra 2, Placer County 4, Colfax 1, Lincoln 4, Plumas County 4, Riverside County 10, Riverside 1, Sacramento 5, San Bernardino County 1, San Diego County 4, La Mesa 2, San Diego 2, San Francisco 22, San Joaquin County 19, Lodi 9, Stockton 6, Tracy 3, San Luis Obispo County 5, Daly City 2, Menlo Park 4, Santa Barbara County 10, Santa Barbara 16, Santa Maria 4, San Jose 1, Santa Cruz 2, Siskiyou County 2, Sonoma County 9, Stanislaus County 4, Newman 1, Tehama County 1, Red Bluff 1, Tulare County 5, Ventura County 3, Santa Paula 1, Yolo County 2, Woodland 16, Yuba County 4, Marysville 1.

Meningitis (Epidemic)

5 cases: Long Beach 2, Los Angeles 1, San Francisco 1, Ventura County 1.

Dysentery (Amoebic)

3 cases: Los Angeles County 1, Compton 1, Los Angeles 1.

Dysentery (Bacillary)

2 cases: Los Angeles.

Pellagra

2 cases: San Francisco 1, San Joaquin County 1.

Poliomyelitis

4 cases: Los Angeles 2, San Francisco 2.

Tetanus

4 cases: Oakland 1, Los Angeles County 3.

Trachoma

3 cases: San Diego 1, San Francisco 1, Tulare County 1.

Paratyphoid Fever

One case: Los Angeles County.

Botulism

One case: Modoc County.

Jaundice (Epidemic)

4 cases: Stanislaus County 2, Tulare County 2.

Food Poisoning

32 cases: Berkeley 1, Los Angeles 10, Orange County 4, San Diego 10, San Francisco 2, Ventura County 5.

Undulant Fever

One case: Los Angeles County.

Coccidioidal Granuloma

One case: Fresno County.

Septic Sore Throat (Epidemic)

2 cases: Berkeley 1, Santa Barbara County 1.

Psittacosis

One case: Beverly Hills.

Rabies (Animal)

59 cases: Fresno County 2, Calexico 1, Hanford 1, Los Angeles County 5, Alhambra 1, Glendale 2, Inglewood 1, Long Beach 6, Los Angeles 26, Manhattan 1, Montebello 3, Monterey Park 3, Signal Hill 1, Madera County 1, Monterey County 2, Orange County 1, Seal Beach 1, Sonoma County 1.

* Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

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